



Supplemental Application Data Sheet

Application Information

Filing Date:: 12/11/2003
Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: None
CD-ROM or CD-R?:: None
Title:: ABLATION PROBE WITH TEMPERATURE SENSITIVE ELECTRODE ARRAY
Attorney Docket Number:: 2024728-7034442001 (03-227)
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figures:: 9
Total Drawing Sheets:: 6
Small Entity:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert J.

Family Name:: Garabedian
City of Residence:: Mountain View
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 1691 Notre Dame Drive
City of mailing address:: Mountain View
Country of mailing address:: US
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94040
Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Amy C.
Family Name:: Kelly
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 1673 Sacramento Street
City of mailing address:: San Francisco
Country of mailing address:: US
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94109
Applicant Authority type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Steven K.
Family Name:: Landreville
City of Residence:: Mountain View
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 273 Mountain View Avenue
City of mailing address:: Mountain View
Country of mailing address:: US
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94041

Correspondence Information

Name:: Bingham McCuthen, LLP
Street of mailing address:: Three Embarcadero, Suite 1800
City of mailing address:: San Francisco
Country of mailing address:: US
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94111-4067
Telephone:: (650) 849-4400
Fax:: (650) 849-4800

Representative Information

Representative Customer Number:: 23639

Representative Designation::	Registration Number::	Name::
Primary	37,104	David T. Burse

Assignee Information

Name:: Scimed Life Systems, Inc.

Mailing Address:: One Scimed Place, Maple Grove, Minnesota
55311-1566